

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001179

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**8621537803CC**

**Entity Name:** HOMES OF DORAL LANDINGS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

5098 NW 113 PLACE  
DORAL, FL 33178

**Current Mailing Address:**

9737 NW 41 STREET  
SUITE 307  
DORAL, FL 33178

**FEI Number:** 65-0650897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EISINGER,BROWN,LEWIS & FRANKEL,P.A.  
4000 HOLLYWOOD BLVD  
SUITE 265 SOUTH  
HOLLYWOOD, FL 33021 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DENIS, ANDRES E  
Address 9737 NW 41 STREET  
SUITE 307  
City-State-Zip: DORAL FL 33178

Title VPD  
Name CALDERA, LISSETTE  
Address 9737 NW 41 STREET  
SUITE 307  
City-State-Zip: DORAL FL 33178

Title TD  
Name UCROS, GUILLERMO  
Address 9737 NW 41 STREET  
SUITE 307  
City-State-Zip: DORAL FL 33178

Title SD  
Name KATSOULOS, JAMES  
Address 9737 NW 41 STREET  
SUITE 307  
City-State-Zip: DORAL FL 33178

Title D  
Name DE ANGELIS, JENNIFER FLORA  
Address 9737 NW 41 STREET  
SUITE 307  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES KATSOULOS

**SECRETARY**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date